

Case Number:	CM15-0001615		
Date Assigned:	01/12/2015	Date of Injury:	03/16/2010
Decision Date:	03/24/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/05/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54 year old male, who sustained an industrial injury on 3/16/2010. The diagnoses have included degenerative disc disease of the cervical spine, cervical stenosis, cervical radiculopathy, stenosis of the lumbar spine and lumbar radiculopathy. Treatment to date has included epidural steroid injections, acupuncture, pain medications, physical therapy and surgical intervention to the cervical spine. According to the Primary Treating Physician's Progress Report from 12/3/2014, the injured worker presented for follow-up of neck and back pain. He stated he had been having more headaches and nausea since his previous visit. Current medications included Norco, Ibuprofen, Zofran and Flexeril. Low back pain and neck pain were rated 9/10. He noted a stabbing pain into his neck and numbness in bilateral upper extremities. He complained of stabbing pain in his low back with extension into his bilateral lower extremities. Objective findings revealed limited range of motion of the cervical and lumbar spine. Authorization was requested for magnetic resonance imaging (MRI) of the cervical and lumbar spine. On 12/10/2014, Utilization Review (UR) non-certified a request for magnetic resonance imaging (MRI) of the lumbar spine, noting that per a phone conversation with the requesting physician, the injured worker had a lumbar magnetic resonance imaging (MRI) in December of 2013 showing degenerative disc disease; reviewing notes over the last year showed no change. The physician wished to withdraw his request. The MTUS, ACOEM Guidelines and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): (s) 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging): Indications for imaging

Decision rationale: Guidelines recommend against repeat MRI scans without a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, there are no identified 'red flags' or radiculopathy with severe or progressive neurologic deficit that would support the need for obtaining an MRI scan which therefore was not medically necessary.